



Membership Application

Name: _____

Address: _____

City/State/Zip: _____

Occupation: _____

Employer: _____

Work #: _____ Home #: _____ Cell
 #: _____

Email: _____
 Fax: _____

Schedule Availability	With Notice	Without Notice
During Normal Business Hours	_____	_____
During The Weekend	_____	_____

There are many ways WOC members can lend valuable assistance. Please indicate below how you may be able to help by checking all that apply:

Pilot _____	Co-Pilot _____
Fundraising _____	Public Speaking _____
Selling Merchandise _____	Celebrity Contacts _____
@ Fundraisere _____	Pilot Recruitment _____
Writing (grants, articles, etc.) _____	Working in Office _____
Soliciting donated items for _____	Telephone Work _____
Use as raffle prized, silent auctions, etc. _____	Other _____

How did you hear about WOC?
